

**THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA  
ORAL EXAMINATION APPLICATION**

**DO NOT staple or print documents double-sided**

**This application is to be completed by current PAM Candidates for registration as a psychologist**

**Section 1: Before you complete the oral exam application, please answer the following questions:**

1. Are you currently registered as a Psychologist Candidate or Psychological Associate with PAM? Yes  No
2. I have written and passed the PAM Jurisprudence Examination? Yes  No
3. I have written and passed the Examination for Professional Practice in Psychology (EPPP)? Yes  No   
If I completed the EPPP 1 and 2 in a jurisdiction other than Manitoba, I have arranged for my score(s) to be transferred to PAM. Candidates who registered for or passed the EPPP 1 by December 31, 2020 are exempt from sitting Part 2.
4. **Consent:** I consent to the disclosure of any relevant information in my PAM candidacy file related to my academic credentials, professional behaviour, or supervised experience to the Examination Committee to assist them in determining my readiness to practice in my declared field(s) of practice, professional activities, and client groups.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 2. Application Review Process:**

The Registration & Membership Committee reviews oral exam applications received by the first of the month at their January, April and October meetings. Applications that are missing documentation, require follow-up or do not meet the total required number of supervision hours will be deferred to a future meeting.

**Exam Dates:** October-June. Exams are not scheduled in July, August or September.

**Review Period:** Applications assessed to be eligible for the oral exam are presented to PAM Council for consideration. Examinations require scheduling of three psychologists to meet with candidates. It can take from six to twelve weeks from receipt of the exam application/support documents to scheduling of an oral examination.

**Return completed application by regular mail to the address below: (no courier/registered mail)  
(keep a copy for your records):**

**Psychological Association of Manitoba  
1661 Portage Ave., Suite 307  
Winnipeg MB R3J 3T7**

**Section 3. Applicant Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best phone number to reach you in the event the exam chair needs to contact you ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Current Practice Location: \_\_\_\_\_

Current Supervisors: \_\_\_\_\_

**Section 4: Required Support Documentation** **DO NOT** staple or print documents double-sided.

- Current CV
- Ph.D. Transcripts (originals) submitted by the University prior to review of the oral exam application
- Criminal Record and Child Abuse Registry Checks must be current within two years of the exam application date
- I have completed the Supervision Requirements\*, and my *Supervisor Work Appraisal* forms have been forwarded to PAM or are enclosed and meet the requirements below.

\*Supervision by a Registered Psychologist for a period equivalent to two years (full time), with documentation of 100 hours of direct supervision each year (total 200 hours of direct supervision). One year of supervision must be post-doctoral (following completion of the doctoral degree) and the other could be from a pre-doctoral internship. (Note, educational activities or staff meetings not directly related to client care (e.g., do not result in information being added to a health record) may not be counted as supervision. Post-doctoral supervision hours can only be counted after the doctorate has been granted by the post-secondary institution. Group supervision hours (where the supervisee is observing the supervision of someone else's work) are counted at ½ credit).

- A covering letter that outlines the number of individual and group supervision hours, and the overall total. In this same letter include info from Section 5 below regarding competencies (if applicable)
- Exam Fee:** \$600 payable by e-transfer [here](#) or by cheque payable to the Psychological Association of Manitoba. **Refunds:** are not provided to examinees who do not pass their exam(s)

**Section 5: Fields of Practice & Client Groups you are Applying to be Examined in**  
Definitions Available [here](#)

The Registration & Membership Committee approves practice and populations when they review oral exam applications. Approval is based on a number of factors: title of degree (clinical, neuropsychology, school etc.), coursework, research, practicum, internship, supervised experience etc. **Candidates who wish to be examined in practice areas outside of their degree areas(s) must include the following information with their application:**

1. Detailed covering letter included with the application outlining:
  2. Competency in areas of practice outside of degree, including any additional information that provides evidence of foundational knowledge as outlined above.
  3. Detailed explanation of any Client Groups that training has not been predominantly focused on, but that you wish to include in the oral exam.
- Field of Practice that you are seeking to be registered to practice in: \_\_\_\_\_
  - Additional Fields of Practice that you are seeking to be registered in (note that additional information may be requested):  
\_\_\_\_\_

**Service and Client Groups**

Psychological Service	Children	Adolescents	Adults	Couples	Families	Geriatric/ Older Adults
Diagnosis of Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment with Psychological Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention/ Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>